Reviews

DISEASES OF THE LARYNX

Les Maladies du Larynx: Clinique et Thérapeutique. By G. Canuyt. (Pp. 814; 326 figures; 10 plates. 270 fr.) Paris: Masson et Cie. 1939.

The firm of Masson have added a fourth volume to the series which already comprises diseases of the nose, of the pharynx, and of the oesophagus. The new volume, *Les Maladies du Larynx,* is edited by Professor G. Canuyt, who has actually written by far the greater part of it, and with him are associated Drs. Truffert, Tarneaud, and Wild. They have also called upon a number of their colleagues for special chapters. Outstanding among these are the chapters on laryngocele by Dr. Rendu of Lyons, and on chronic laryngitis by Professor Rebattu, also of Lyons. In relation to radiology the assistance of Dr. Gunsett, director of the cancer centre in Strasbourg, has been sought, and he has collaborated especially in the sections on tomography and on deep radiotherapy for malignant disease. The most remarkable results are claimed for this, for in fifty-four cases treated between 1922 and 1932 there have been twenty-three cures—that is, 42.5 per cent. of the cases have remained well for more than five years. Of these, two cases have survived fifteen years, one thirteen years, one ten years, two nine years, and one eight years. These results are far superior to those of any other reliable reporter. At the same time the surgical treatment is fully described, and it is emphasized that the choice of treatment is an individual matter for each case.

The chapter on tuberculosis of the larynx would have been written by the late Professor Reverchon but for his untimely death; it comes now from the editor himself with the collaboration of Dr. Didier of Lille, a former pupil of Professor Reverchon. This chapter, which occupies just a hundred pages, is quite remarkable; it begins with a historical summary and goes on to present an account in which detail, illustration, and scholarship are skilfully combined. Among other sections especially worthy of note are one by Dr. Haslinger on direct examination of the larynx, of which he is an acknowledged master, and another by Dr. Tarneaud entitled "Les Maladies de la Voix." In this Dr. Tarneaud not only describes the use of the stroboscope for examining the movements of the vocal cords, but he introduces an apparatus called the strobonama, which includes a kind of speedometer whereby the sounds or notes emitted throughout the musical scale can be related to the movement seen during stroboscopic examination.

This volume in no respect falls below the standard created by the previous volumes of the series, and the editor with his associates is to be congratulated upon a notable addition to the literature of laryngology.

CLAUDE BERNARD

Claude Bernard, Physiologist. By J. M. D. Olmsted, Ph.D. (Pp. 318; 7 plates, one in colour. 15s. net.) London: Cassell and Co. 1939.

The name of Claude Bernard is a household word wherever the language of physiology is spoken, yet his biographers hitherto have been few and, with the exception of Michael Foster, unsatisfactory; Dr. Olmsted's definitive study is therefore very welcome. Born in 1813, Claude Bernard was, like his distinguished scientific contemporaries Ampère and Pasteur, a Burgundian; he hated travel and always returned with delight to his pleasant native countryside. He had serious handicaps—a legacy of debts, an unhappy marriage, a laboratory such as no research student would tolerate to-day; ineffective as a lecturer and suffering from recurrent ill-health, he also encountered opposition at every stage of his career. Yet, finding French medicine almost entirely empirical, he was able to leave it founded on scientific principles, and is regarded as the outstanding physiological genius of the nineteenth century.

But this is to anticipate. Dr. Olmsted divides his book into three sections, dealing respectively with Bernard's life, work, and philosophy. This has the disadvantage of involving some repetition, for the three aspects are inevitably intertwined; true, it enables the reader to choose the particular aspect in which he is interested, but if it encourages him to neglect the rest he will be the loser. Starting as a chemist's assistant, Bernard's real ambition was to be a dramatic author, but fortunately for us he philosophically accepted the verdict of a distinguished critic: "You have done some pharmacy; study medicine. You have not the temperament of a dramatist." Entering the medical school in Paris he came under Magendie, a gruff and alarming personality, who speedily discovered merits which were hidden from his fellow students. Bernard owed all his opportunities to Magendie, but Dr. Olmsted brings out clearly the mingled admiration and jealousy with which the master regarded the pupil destined to surpass him.

Bernard strictly followed Harvey's injunction to seek out the secrets of Nature by way of experiment, and re-echoed John Hunter's maxim, "Don't think; try," thus denying the scientific use of the imagination while subconsciously employing it to great advantage. He defines his own procedure thus: (1) the chance observation; (2) the idea is born to the mind; (3) the reasoning which led to the devising of an experiment; (4) the observation of the result; (5) the devising of new experiments which eventually lead to proof. This is rather different from A. N. Whitehead's cynical saying that "an experiment is nothing else than a mode of cooking the facts for the sake of exemplifying the law."

Dr. Olmsted regards Claude Bernard's great discoveries as (1) the functions of the pancreas in digestion, (2) the glycogenic function of the liver, (3) the vasomotor system, (4) the action of certain poisons, notably curare and carbon monoxide—a splendid harvest. Yet, as he points out, there were many observations, some of which we may think would have secured fame for a lesser man, such as those on the chorda tympani, the site of the secretion of acid in the stomach, muscle physiology, and animal heat, even though on the first two there were serious inaccuracies in his conclusions. Bernard was no exception to the general rule that a man's most original observations are made in earlier life—all his great discoveries were made in his first ten years at the Collège de France; but he also exemplifies the fact that in later life generalizations founded on personal experience may be possible and valuable. Thus Bernard's generalization on internal secretion has led to one of the chief medical interests of this century, while the significance of his views on the constancy of the internal environment has only recently begun to dawn on us. Indeed, as our author points out, it entirely escaped Michael Foster, a man of wide vision and clear insight. In these respects Bernard was too far ahead of his times. On this account the third section of the book before us, entitled "Speculative Contributions," is worthy of careful study, for in it we can see the forwardly directed vision of the man who nevertheless distrusted speculation.

When he was 51 the quondam chemist's assistant was ntroduced to the salon of the Empress Eugénie at Compiègne, where he attracted the attention of Napoleon o much that he gave orders, in the best tradition of the airy tale, that Bernard should have whatever he wanted. Characteristically he asked for well-equipped laboratories, vhereupon he was informed that the Emperor had in mind more personal gift. He said he would like a labora- ory assistant—not an exacting fairy gift—and received it n the form of Paul Bert, who became well known as his aithful disciple. Unfortunately the Emperor also lured him into politics, for which he was unsuited.

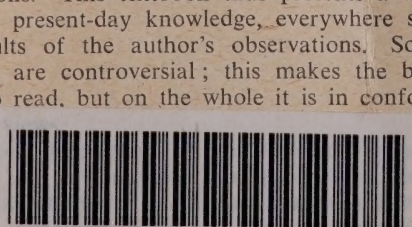
Dr. Olmsted brings out two points that are new to us: one the correspondence with Madame Raffalovich, which provides almost a diary of the later years of Bernard's life; he other the posthumous controversy arising from Berthelot's publication of his notes on fermentation, which nfuriated Pasteur, for whom the process meant the inter- vention of a living cell. Bernard, on the other hand, was feeling his way towards the conception of purely chemical enzymes, a view now universally accepted. The fact that Bernard had hidden his notes away implied that ill-health had prevented his putting them into a complete form for publication. One can agree with Pasteur that Berthelot was inconsiderate in publishing them with so much *éclat*, in a way their author evidently did not intend. He had too much admiration for Pasteur to make anything resem- bling a crude attack. Evidently human frailty is con- sistent with scientific genius, for neither Berthelot nor Pasteur came out of the controversy very well.

We have endeavoured to express by a paraphrase of its contents the very real pleasure and enlightenment we have received from this book.

DISEASES OF THE DIGESTIVE TRACT

Clinical Gastroenterology. By Horace Wendell Soper, M.D., F.A.C.P. (Pp. 314; 212 figures. 25s. net.) London: Henry Kimpton. 1939.

The medical aspects of diseases of the digestive tract have had to be rewritten since the introduction of *x* rays and the more exact chemical methods of investigation, and whole chapters, such as those on dyspepsia and gastralgia, have had to be dropped from the textbooks. For a time the *x*-ray diagnosis almost took precedence, though there remained teachers who insisted that the patient's history might be a true guide to diagnosis, as in the case of duodenal ulcer or the pyloric syndrome. Recently there has been an increasing tendency for the physician again to take charge of the situation, and this tendency is reflected in the literature, in which the whole aspect of the disease is envisaged and discussed, radiology occupying a large but not predominant place. Such a textbook is that on clinical gastro-enterology by Dr. H. W. Soper. The author has been a consulting physician in this subject for a long time—long enough to have seen the develop- ment of the new teaching and to have formed his own conclusions. This textbook thus presents a useful state- ment of present-day knowledge, everywhere stamped by the results of the author's observations. Some of his opinions are controversial; this makes the book stimu- lating to read, but on the whole it is in conformity with mo



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appearances, there being nearly two hundred radiographs. Interspersed are chapters on the broad aspects of dys- pepsia, in which the author points out the considerable derangements of gastric function which may follow nervous and reflex irritation, and other symptoms such as constipation, diarrhoea, with an additional chapter on the use of the enema, indicanuria as an index of intes- tinal disorder (Dr. Soper finds indicanuria in practically all diseases as well as in some patients who are well; he regards it as a constitutional anomaly, inherited, but capable of control by general dietetic and hygienic treat- ment), and the use of the sigmoidoscope. His experiences of dairy milk have been unfortunate; he inveighs against the ordinary supplies as little better than bacterial soup, and in his practice uses exclusively for diets one or other of several forms of dried tinned milk. In a final chapter of therapeutic notes he combines the aphorisms of others with his own shrewd comment on the need for trying out carefully all measures and keeping an open mind about results until time has shown their lasting nature: the physician is not to ignore the underlying pathological state, but may do much by encouraging the nervous dyspeptic.

OPHTHALMIC SURGERY

Surgery of the Eye. By Meyer Wiener, M.D., and Bennett Y. Alvis, M.D. (Pp. 445; 396 illustrations. 37s. 6d. net.) Philadelphia and London: W. B. Saunders Company. 1939.

This book by Professors M. Wiener and B. Alvis breaks new ground in the English literature on the subject. Its distinctiveness lies in its shortness and in the profuse manner in which it has been illustrated: there are 396 illustrations to the 419 pages of text matter. The illustrations are particularly helpful and fully bear out the claim by the authors that drawings by a medical graduate have features that are apt to be missed by the professional artist. Dr. A. J. Hofsommer, who has been responsible for the finishing of the sketches made by the authors, is indeed entitled to some of the credit for this achievement. The text itself covers concisely the various ophthalmic procedures, and together with the illustrations leaves little to the imagination of the reader.

The book is well balanced, particularly in its earlier pages. The second half, devoted to plastic operations, tends to be rather encyclopaedic in the number of alter- native procedures suggested—a fault, if it is a fault, that must be ascribed to the subject rather than to the authors. Any book on operative surgery, short of being ex- haustive, must of necessity be somewhat personal, but the present volume shows personal idiosyncrasies in some important matters. Thus the authors dispense with taking a swab from the conjunctival sac before operating for cataract. They use eserine in the after-treatment of cataract extraction with peripheral iridectomy. They have the patient propped up in bed immediately after operation, and dressed and ambulatory the day after. They advocate irrigation of the anterior chamber after extraction but avoid putting a nozzle into the anterior chamber. They advise ripening operations for immature cataract and the leaving of a displaced trephine disk in the anterior chamber. In several sections guidance is by no means clear. The treatment for detachment of the retina consists to them essentially in the diathermy barrage method and the obsolete Guist method. The endless care that is necessary to localize the tear before operation and to check its sealing ophthalmoscopically during operation is hardly indicated in their description. It would, however, be ungracious to stress these and like defects in a book that on the whole serves as a safe guide for the beginner.